



## Complete Summary

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### GUIDELINE TITLE

Hemorrhoids.

### BIBLIOGRAPHIC SOURCE(S)

Hemorrhoids. Philadelphia (PA): Intracorp; 2005. Various p. [15 references]

### GUIDELINE STATUS

This is the current release of the guideline.

All Intracorp guidelines are reviewed annually and updated as necessary, but no less frequently than every 2 years. This guideline is effective from April 1, 2005 to April 1, 2007.

## COMPLETE SUMMARY CONTENT

SCOPE  
METHODOLOGY - including Rating Scheme and Cost Analysis  
RECOMMENDATIONS  
EVIDENCE SUPPORTING THE RECOMMENDATIONS  
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS  
IMPLEMENTATION OF THE GUIDELINE  
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
CATEGORIES  
IDENTIFYING INFORMATION AND AVAILABILITY  
DISCLAIMER

## SCOPE

### DISEASE/CONDITION(S)

Internal and external hemorrhoids

### GUIDELINE CATEGORY

Diagnosis  
Evaluation  
Management  
Treatment

### CLINICAL SPECIALTY

Family Practice  
Gastroenterology  
Internal Medicine  
Surgery

## INTENDED USERS

Allied Health Personnel  
Health Care Providers  
Health Plans  
Hospitals  
Managed Care Organizations  
Utilization Management

## GUIDELINE OBJECTIVE(S)

To present recommendations for the diagnosis, treatment, and management of hemorrhoids that will assist medical management leaders to make appropriate benefit coverage determinations

## TARGET POPULATION

Individuals with hemorrhoids

## INTERVENTIONS AND PRACTICES CONSIDERED

### Diagnosis/Evaluation

1. Physical examination and assessment of signs and symptoms
2. Diagnostic tests:
  - Digital rectal examination
  - Anoscopy

### Management/Treatment

#### First and Second Degree Hemorrhoids

1. Conservative therapy
  - Dietary and lifestyle changes
  - Bulk-forming laxatives, high-fiber diets
  - Increased fluid intake
2. Comfort measures
  - Use of cotton balls following defecation
  - Warm sitz baths
  - "Doughnut" cushion for chair
  - Topical analgesic remedies (e.g., Anusol)
3. Injection sclerotherapy

#### Third and Fourth Degree Hemorrhoids

1. Surgical therapy

- Sclerotherapy
- Rubber band ligation
- Electrocoagulation
- Cryotherapy
- Stapled hemorrhoidectomy
- Surgical hemorrhoidectomy

## MAJOR OUTCOMES CONSIDERED

Not stated

## METHODOLOGY

### METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)  
 Hand-searches of Published Literature (Secondary Sources)  
 Searches of Electronic Databases

### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Searches were performed of the following resources: reviews by independent medical technology assessment vendors (such as the Cochrane Library, HAYES); PubMed; MD Consult; the Centers for Disease Control and Prevention (CDC); the U.S. Food and Drug Administration (FDA); professional society position statements and recommended guidelines; peer reviewed medical and technology publications and journals; medical journals by specialty; National Library of Medicine; Agency for Healthcare Research and Quality; Centers for Medicare and Medicaid Services; and Federal and State Jurisdictional mandates.

### NUMBER OF SOURCE DOCUMENTS

Not stated

### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Not Given)

### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not stated

### METHODS USED TO ANALYZE THE EVIDENCE

Review

### DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

## METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Delphi)

## DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A draft Clinical Resource Tool (CRT or guideline) is prepared by a primary researcher and presented to the Medical Technology Assessment Committee or the Intracorp Guideline Quality Committee, dependent upon guideline product type.

The Medical Technology Assessment Committee is the governing body for the assessment of emerging and evolving technology. This Committee is comprised of a Medical Technology Assessment Medical Director, the Benefit and Coverage Medical Director, CIGNA Pharmacy, physicians from across the enterprise, the Clinical Resource Unit staff, Legal Department, Operations, and Quality. The Intracorp Guideline Quality Committee is similarly staffed by Senior and Associate Disability Medical Directors.

Revisions are suggested and considered. A vote is taken for acceptance or denial of the CRT.

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

## COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups  
Internal Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

#### Diagnostic Confirmation

#### Subjective Findings

- Perianal pain, itching, burning

- Perianal discharge and irritation
- Bleeding on defecation
- Mucoid anal discharge

### Objective Findings

- Visual perianal inspection - patient positioned on a proctologic table or in left-lateral decubitus position
- Internal hemorrhoids may or may not be visualized on perianal inspection
  - Depending on degree of prolapse, may protrude with slight straining (Valsalva maneuver)
  - Hemorrhoids appear as purple nodules covered by mucosa

### Diagnostic Tests

- Digital rectal examination: assess degree of discomfort, sphincter tone, identification of other mass/abscess
  - Internal hemorrhoids are typically not palpable.
- Anoscopy provides the best visualization of internal hemorrhoids.

### Differential Diagnosis

- Colorectal cancer (see Intracorp guideline Colon Cancer)
- Diverticulosis (see Intracorp guideline Diverticular disease)
- Inflammatory bowel disease (see Intracorp guideline Irritable Bowel syndrome)
- Infectious proctitis
- Skin tags
- Anal fissures
- Fistulae
- Rectal prolapse

### Treatment

#### Treatment Options

For first and second degree hemorrhoids:

- Conservative therapy
  - Dietary and lifestyle changes
  - Bulk-forming laxatives, high-fiber diets
  - Increased fluid intake
- Comfort measures
  - Cotton balls used following defecation to absorb mucous discharge
  - Warm sitz baths
  - "Doughnut" cushion for chair
  - Topical analgesic remedies (e.g., Anusol)
- Injection sclerotherapy

For third and fourth degree hemorrhoids

- Surgical therapy
  - Sclerotherapy
  - Rubber band ligation
  - Electrocoagulation
  - Cryotherapy
  - Stapled hemorrhoidectomy
  - Surgical hemorrhoidectomy (see the Intracorp guideline Hemorrhoidectomy)

#### Duration of Medical Treatment

- Medical - Optimal: 0 day(s), Maximal: 35 day(s)

Additional information regarding primary care visit schedules, referral options, and specialty care is provided in the original guideline document.

The original guideline document also provides a list of red flags that may affect disability duration, and return to work goals, including

- After medical treatment or sclerotherapy
- After simple or rubber band ligation
- After hemorrhoidectomy

#### CLINICAL ALGORITHM(S)

None provided

### EVIDENCE SUPPORTING THE RECOMMENDATIONS

#### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

### BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

#### POTENTIAL BENEFITS

Appropriate diagnosis, treatment, and management of hemorrhoids that assist medical management leaders to make appropriate benefit coverage determinations

#### POTENTIAL HARMS

Not stated

### IMPLEMENTATION OF THE GUIDELINE

#### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better

### IOM DOMAIN

Effectiveness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Hemorrhoids. Philadelphia (PA): Intracorp; 2005. Various p. [15 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

1997 (revised 2005)

### GUIDELINE DEVELOPER(S)

Intracorp - Public For Profit Organization

### SOURCE(S) OF FUNDING

Intracorp

### GUIDELINE COMMITTEE

CIGNA Clinical Resources Unit (CRU)  
Intracorp Disability Clinical Advisory Team (DCAT)  
Medical Technology Assessment Committee (MTAC)  
Intracorp Guideline Quality Committee

### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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## AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Policies and procedures. Medical Technology Assessment Committee Review Process. Philadelphia (PA): Intracorp; 2004. 4 p.
- Online guideline user trial. Register for Claims Toolbox access at [www.intracorp.com](http://www.intracorp.com).

Licensing information and pricing: Available from Intracorp, 1601 Chestnut Street, TL-09C, Philadelphia, PA 19192; e-mail: [lbowman@mail.intracorp.com](mailto:lbowman@mail.intracorp.com).

## PATIENT RESOURCES

None available

## NGC STATUS

This NGC summary was completed by ECRI on May 31, 2005. The information was verified by the guideline developer on June 7, 2005.

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